

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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## LOBBYIST REGISTRATION FORM STATE ETHICS COMMISSION (Type or Print Cloads)

PART I LOBBYIST				]
NAME (Last)	(First)	(Middle)	TELEPHONE	
YOSHIMITSU	WALTER		808.203.6735	!
MAILING ADDRESS (Street)			FAX 808.201-7022	1
6301 PALI HWY	_		EMAIL / /	1
6301 / ALI HWY	<u>'</u> .		(Zip Code)	org
(City)	(State)		(Zip Code)	
KANEOHE	41.		96714	
EMPLOYING ORGANIZATION (Fill in only if you ar	re employed by a business entity	which has been retained to lobby)	TELEPHONE	
	0			
KOMAN CATHOLIC	CHURCH.		868 203 6735	_
MAILING ADDRESS (Street)			FAX	
1184 BISHOP (City) HONOLULU	ST.		EMAIL	
(City)	(State)		(Zip Code)	
HONOLULU	41		96813	
				,
PART II ORGANIZATION			[	-
NAME OF ORGANIZATION YOU LOBBY FO	DR (Do not abbreviate)		TELEPHONE	1
ROMAN CATHOLIC C	LUREH		<u>.</u>	]
MAILING ADDRESS (Street)			FAX	
1184 RISHOP S	ST:		EMAIL	
(City)	(State)		(Zip Code)	1
1184 BISHOP 9 (City) HONOLULU	// /		96813	
NAME OF PERSON RESPONSIBLE FOR PREPARE	ARING ORGANIZATION'S EXP	ENDITURES STATEMENT	TELEPHONE	
WALTER YOSHI	M1734		808,203.C735	
MAILING ADDRESS (Street)			FAX.	
- 6301 PAU HW	v. 1/1		EMAIL Wyoshimitsu & rechawa	V. Or
(City)	(State)		(Zip Code)	ر الم ر
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PART III DESCRIPTIO	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOB	ВҮ
Agriculture	☐ Education	Muman Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	<ul> <li>Intergovernmental Relations, International Affairs</li> </ul>	☐ Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	₩ Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
PART IV CERTIFICATI	ON OF LORDVIST	-	
	he information furnished abov	ve is to the hest of my knowl	edge correct and complete
i nereby certify that ti	ne imprination furnished abov	e is, to the best of thy known	euge, correct and complete.
liWH.	1/7/13		
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZAT	TION TO LOBBY		
NAME	10.1.10 10001	TITLE OF AUTHORIZING OFFIC	CER OR PERSON REPRESENTED
	_		
WALTER Y	ashimitsu		
NAME OF ORGANIZATION (if applicable)			TELEPHONE
	0		
ROMAN CATHOLIC CHURCH			808_203-6735
MAILING ADDRESS (Street)			1 r^~
			808 261. 7022
1184 BI	6407 ST.		EMAIL Wyoshimitsu Orechawai
(City)	(State)		(Zip Code)
1	/		
HONOLUL	4		96812
	e above - named person to er	ngage in lobbying activities o	
N 65			1/8/13
(Signature of Authorizing Officer or Person Represented)			(Date)